

**City and County of San Francisco
Department of Public Health**



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
BEHAVIORAL HEALTH SERVICES (BHS)
QUALITY IMPROVEMENT WORK PLAN
FY 2018-2019
(July 1, 2018 – June 30, 2019)**

SAN FRANCISCO BEHAVIORAL HEALTH SERVICES
QUALITY IMPROVEMENT WORK PLAN FY 2018-2019

San Francisco Behavioral Health Services' (BHS) Vision, Mission, Principles, and Goals:

A. BHS Vision

The vision of San Francisco's Behavioral Health Services is to have a welcoming, culturally and linguistically competent, gender responsive, integrated, comprehensive system of care with timely access to treatment and in which individuals and families with behavioral health issues have medical homes.

B. Mission

The mission of San Francisco's Behavioral Health Services is to maximize clients' wellness and recovery so that they can have healthy and meaningful lives in their communities.

C. Principles of Quality Improvement¹

BHS is focused on measurement-based quality improvement. The basic premise is that quality healthcare comprises all of the processes that occur between a patient and the health care system. Outcomes result not only from specific actions of individual clinicians, but ultimately from the interactions between service providers and the coordination of the service delivery system. Specific principles are delineated as follows:

- Many problems with quality of care result from poorly designed processes rather than individual failures.
- Measuring important healthcare processes and outcomes is vital to understanding and assessing the quality of these processes.
- Statistical analysis of data can reveal suboptimal outcomes, variability in basic processes, and gaps between evidence-based recommendations and observed practices.
- Quality of care can be improved through the diagnosis and intervention of problems affecting quality of care.
- Efforts to improve quality should address processes and outcomes highly important to patients and other key stakeholders. These should be selected with consideration of both potential costs and benefits of improvement efforts.
- Collaboration among all participants in the delivery of care, from clients to administrators is critical to understanding problems underlying clinical processes and creating successful interventions to address them.

¹Adapted from "Improving Mental Healthcare: A guide to Measurement-Based Quality Improvement", Richard C. Hermann, M.D., M.S., American Psychiatric Publishing, Inc, 2005

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D. BHS Quality Improvement Goals

The goal of BHS Quality Improvement is to establish and maintain a planned and systematic process for monitoring key indicators associated with quality consumer care, and to identify and implement quality improvement activities as needed. Quality improvement efforts focus on maximizing benefits from the service delivery system while mitigating risk.

The BHS Quality Improvement effort shall:

- Systematically monitor key factors affecting the safety of consumers, family members, and staff;
- Monitor client and system outcomes, utilization management, monitoring and resolution of beneficiary grievances, appeals and fair hearings, provider appeals, assessment of beneficiary and provider satisfaction, and clinical records review;
- Improve the consistency, reliability and quality of data collected.
- Improve mechanisms for synthesizing and feeding back data in a meaningful way to administrators, managers, care providers, consumers, and other stakeholders so as to effectively inform policy and programmatic changes;
- Make policy recommendations and initiate plans for targeted interventions in response to identified areas for improvement;
- Achieve compliance with all federal, state, and local regulations (and other pertinent contractual requirements) through continuous training, education, oversight, and monitoring.

Objectives of the BHS Quality Improvement Work Plan for FY 2018-2019

The overarching guidelines for the BHS Quality Improvement Objectives are organized around the following domains of quality improvement.² BHS shall use the following five-point process for each of the objectives described below:

1. Collect and analyze data to measure against the goals that have been identified, or prioritized areas of improvement;;
2. Identify opportunities for improvement and decide which opportunities to pursue;
3. Design and implement interventions to improve performance;
4. Measure the effectiveness of the interventions; and
5. Incorporate successful interventions in the overall BHS System of Care (SOC) as appropriate.

² Adapted from "Selecting Process Measures for Quality Improvement in Mental Healthcare", Richard C. Hermann, M.D., M.S. H. Stephen Leff, Ph.D. and Greta Lagodmos, B.A. Center for Quality Assessment and Improvement in Mental Health, Harvard Medical School, 2002.

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I. SERVICE CAPACITY

DHCS Instruction:

- a. Describe the current number, types, and geographic distribution of behavioral health services within its delivery system;
- b. Set goals for the number, type, and geographic distribution of these services.

GOAL I. Ensure that the number, type, geographic distribution and cultural and linguistic competency of behavioral health services is appropriate for the client population. Based on an analysis of service locations, set goals for the number, type, and geographic distribution of services.

San Francisco Behavioral Health Services ensures that services are accessible on multiple levels. In addition to ensuring that services are distributed geographically to meet the needs of San Franciscans, we are committed to providing culturally and linguistically competent behavioral health services to a diverse population. Chinese, Russian, Spanish, Tagalog, and Vietnamese constitute our five threshold languages, although services are available in other languages, either by bi-lingual staff or interpreter services.

Objective	Actions	Responsible Staff
1. Behavioral Health Services (MH and SUD) programs will be located primarily in the neighborhoods in which the majority of our clients reside.	1. Describe the number, type, and geographic distribution of county-funded behavioral health service (MH and SUD) programs. Review geographic location of services and assess appropriateness given client density by June 30, 2019.	Harold Baize, Exec Team
2. Clients will report satisfaction with the convenience and cultural appropriateness of behavioral health service (MH and SUD) programs, as indicated by an average score of 4 or higher on these items in the consumer perception survey.	1. Conduct system-wide consumer perception survey on the schedule determined by DHCS.	Harold Baize
	2. Assess client satisfaction results for location and cultural and linguistic competence items.	Harold Baize
3. By June 30, 2019, expand Children, Youth, and Family System of Care services for Black/African American clients.	1. Complete RFQ process to identify and select appropriate lead contract agency to work on planning, development, implementation, and evaluation of a new hub and spoke model of service delivery.	Max Rocha
4. By June 30, 2019, expand Transitional Age Youth (TAY) by 20 slots.	1. Develop Full Service Partnership contract with Seneca Center.	Marlo Simmons
5. By June 30, 2019, expand Drug Medi-Cal (DMC) Organized Delivery System (ODS) billing of services to at least 2 new programs.	1. Develop a DMC-ODS contract with Alliance Health Project to expand current system wide adult outpatient services offered.	Erik Dubon
	2. Provide clinical documentation technical assistance to enable RAMS to begin billing DMC-ODS.	Andre Pelote and Joseph Gordt
6. By December 31, 2019, improve residential authorization process at HealthRIGHT360.	1. Conduct a pilot to streamline and optimize the authorization process within Avatar, including reports and consoles.	Judith Martin
	2. Implement weekly clinical case conference meetings to evaluate complicated client cases and offer on-going technical assistance to standardize the authorization process.	Judith Martin

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7. By May 31, 2019, implement youth DMC-ODS services in at least 1 program.	1. Develop a DMC-ODS contract with Horizons Unlimited for youth outpatient services, including creating service codes.	Erik Dubon
	2. Evaluate and, if needed, modify the current ASAM Level of Care tool to include youth-specific content.	Judith Martin

II. ACCESS TO CARE

DHCS Instruction: Monitor the accessibility of services, including:

- Timeliness of routine mental health and substance use appointments
- Timeliness of services for urgent conditions
- Access to after-hours care; and
- Responsiveness of the 24 hour, toll free telephone number.

GOAL II.a. Ensure timeliness of routine and urgent mental health and substance use appointments.

Objective	Actions	Responsible Staff
1. At least 90% of individuals requesting behavioral health outpatient services will be offered an appointment within 10 business days of the request by June 30, 2019.	1. Monitor time from request for services to first offered appointment quarterly using the Timely Access Log in Avatar, and determine areas for improvement.	Monica Rose
	2. Share Timely Access Log Tableau dashboard showing number of log entries and number of new episodes with BHS Exec and providers, and monitor appropriate use of Timely Access Log quarterly in Timely Access Review Meetings.	Tom Bleecker, Monica Rose
2. 100% of individuals assessed as having urgent conditions will be served within 24 hours initial contact.	1. On a quarterly basis, monitor number of individuals entered on outpatient Timely Access Log as needing an "urgent" appointment, and whether their episode of care was opened in an urgent care clinic within 24 hours.	Monica Rose
3. At least 70% of individuals discharged from inpatient psychiatric services will be seen by a prescriber (MD/NP) within 14 business days by June 30, 2019.	1. On a quarterly basis, monitor time from inpatient hospital discharge to next contact with psychiatrist or nurse practitioner.	Harold Baize
4. Reduce psychiatric hospital 30-day readmissions to below the large county statewide average of 19% by June 30, 2019.	1. Monitor psychiatric rehospitalization rates on quarterly basis.	Harold Baize
	2. Continue to monitor program performance objective requiring no more than 20% of psychiatric inpatient hospital discharges occurring during FY18-19 will be followed by a readmission within 30 days.	Monica Rose
5. By June 30, 2019, 75% of individuals requesting residential SUD services will be authorized or denied within 24 hours.	1. Finalize authorization functionalities within Avatar including ASAM Level of Care form exchange, reports, widgets, and eligibility information.	Judith Martin
	2. Add at least one out-of-network DMC-ODS residential provider.	Judith Martin

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6. By June 30, 2019, 70% of individuals requesting residential SUD services will be admitted within 15 days.	1. Hire a Licensed Clinician to oversee the Treatment Authorization Program's DMC-ODS Authorization Unit.	Craig Murdock
	2. Standardize internal residential authorization protocols for denials, workflow, and authorization guidelines.	Emilio Orozco

GOAL II.b. All calls to the BHS 24/7 toll-free access line will be answered by live service providers in the language of the caller, and will gather all required information to ensure the caller receives the appropriate information or referral needed.

Objective	Actions	Responsible Staff
1. By June 30, 2019, 100% of calls will be triaged to staff who speaks the language of the caller. If a caller speaks a language not spoken by staff, the Language Line will be used.	1. Monitor the quality and responsiveness of calls to the BHS 24/7 toll-free access line and provide immediate feedback.	Steve Benoit
2. By June 30, 2019, 100% of calls will be screened for crisis situations and will be referred appropriately.	1. Monitor the screening and referral process of crisis calls to the BHS 24/7 toll-free access line.	Steve Benoit
3. By June 30, 2019, regular test call results for both the business and after-hours 24/7 Access Line will have a 100% success rate.	1. Continue four independent test calls per month, two during business hours and two after hours, including grievance test calls conducted by Peers, clinical interns, and BHS QM/SOC staff and provide feedback to Access Coordinator.	Michelle Meier
	2. Continue to meet monthly with Access Coordinator to discuss and document improvements made in response to test call results.	Michelle Meier

GOAL II.c. Implement the culturally-sensitive collection of demographic information related to Sexual Orientation and Gender Identity (SOGI), which will allow staff to identify and address disparities in access and outcomes if they exist.

Objective	Actions	Responsible Staff
1. By June 30, 2019, all clinical staff will be trained to ask SOGI questions of all clients in a culturally appropriate manner.	1. Communicate the required online SOGI 101 Training to all clinical staff across BHS.	Seth Pardo
	2. Conduct in-person supplementary trainings as needed upon request.	Seth Pardo

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2. By June 30, 2019, at least 50% of all BHS clients will have SOGI data entered into AVATAR either at enrollment or at their annual reauthorization date.	1. Send out an all-staff AVATAR bulletin describing the new SOGI data fields, where to find them, and how to correctly enter the data.	Seth Pardo
	2. Make available online a step-by-step instruction on how to enter SOGI data into AVATAR.	Seth Pardo
	3. Conduct quarterly data quality review of the SOGI data entry fields.	Seth Pardo

III. BENEFICIARY SATISFACTION

DHCS Instruction: BHS shall monitor beneficiary satisfaction and inform providers of the results of beneficiary/family satisfaction activities. BHS shall implement mechanisms to ensure beneficiary or family satisfaction. BHS shall assess beneficiary or family satisfaction by:

- a. Surveying beneficiary/family satisfaction with BHS's services at least annually.
- b. Evaluating beneficiary grievances, appeals and fair hearings at least annually.

GOAL III.a. Monitor beneficiary/family satisfaction at least annually.

Objective	Actions	Responsible Staff
1. By June 30, 2019, at least 80% of clients will report being satisfied with their care, as indicated by an average score of 4.0 or higher on both the MH and SUD Consumer Perception Surveys.	1. Collect and analyze consumer satisfaction results from all mental health and substance abuse treatment programs to determine areas of improvement.	Harold Baize
	2. Provide individualized feedback to programs regarding client satisfaction.	Harold Baize

GOAL III.b. Evaluate beneficiary grievances, appeals, and fair hearings at least annually.

1. Continue to review grievances, appeals, and fair hearings and identify system improvement issues.	1. Collect and analyze grievances, appeals, fair hearings, and requests to change persons providing services in order to examine patterns that may inform the need for changes in policy or programming.	Lucy Arellano
	2. Maintain quality assurance process for grievance, appeals, and fair hearing notifications and disposition timelines.	Lucy Arellano, Melissa Bloom, Deborah Sherwood
	3. The Risk Management Committee will analyze trend reports in order to identify any areas needing improvement. Areas for improvement will be presented to the SOC-QIC and/or other management, provider, and consumer forums.	Melissa Bloom

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IV. IDENTIFY AND ADDRESS SERVICE DELIVERY AND CLINICAL ISSUES

DHCS Instruction: Monitor BHS's service delivery system and meaningful clinical issues affecting beneficiaries, including the safety and effectiveness of medication practices. Other clinical issues shall be identified by BHS.

GOAL IV.a. Ensure staff are engaging in appropriate prescribing practices.

Objective	Actions	Responsible Staff
1. By June 30, 2019, identify higher risk and unsafe prescribing practices that need improvement.	1. Complete a comprehensive Drug Utilization Evaluation (DUE) to identify areas needing improvement and present findings to relevant quality improvement committees.	Gloria Wilder Michelle Geier Reisel Berger
	2. Continue targeted subcommittees to address DUE findings: (a) prescribing by race; (b) deprescribing sedative-hypnotics in older adults; and (c) increasing medication-assisted treatment for substance use disorders.	MUIC
	3. Monitor prescribing rates quarterly for these targeted areas.	Tom Bleecker
2. By June 30, 2019, complete a Drug Utilization Evaluation of antipsychotic prescribing in children with a subgroup of foster care youth.	1. Analyze antipsychotic prescribing data to determine a baseline and target metric for monitoring.	Michelle Geier Reisel Berger
3. By June 30, 2019, increase number of methadone programs providing buprenorphine from 1 to 4.	1. By October 30, 2018, develop and upload two buprenorphine webinars for OTP technical assistance and support.	Judith Martin
	2. Implement buprenorphine best practices to be shared at monthly Methadone Providers meetings.	Judith Martin
	3. Monitor billing to ensure buprenorphine service codes are being utilized by OTP providers.	Sherry Lam
4. By June 30, 2019, increase percent of mental health clients with Alcohol Use Disorder (AUD) diagnosis who have an active prescription for AUD treatment medication to 20%.	1. By November 6, 2018, finalize updated Integrative Care for BHS Services policy and disseminate.	Judith Martin
	2. By November 1, 2018, select at least 2 pilot clinics to test identified improvement interventions, including patient information and clinical training, regarding alcohol treatment medications.	PIP Committee
	3. By March 2019, offer BHS providers training regarding alcohol use disorder assessment and treatment, including clinical documentation.	Michael Barack
	4. Monitor prescribing of AUD treatment medication for all mental health clients diagnosed with AUD.	Tom Bleecker

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GOAL IV.b. Improve clinical documentation and authorization process for Intensive Case Management clients.

Objective	Actions	Responsible Staff
1. By Sept 30, 2019, increase to 50% the proportion of clients entering ICM programs who wait 30 days or less for admission.	1. Create, disseminate, and train on centralized Utilization Management (UM) procedures based on utilization criteria and a decision support tool.	Edwin Batongbacal, Sidney Lam, Kelly Hiramoto (Director of Transitions Unit), Mary Thornton (UM consultant)
	2. Use criteria generated in Action step 1 to identify current ICM clients who seem appropriate for discharge to lower levels of care, thus freeing up treatment slots for new clients to enter the ICM.	Edwin Batongbacal, Sidney Lam, Kelly Hiramoto, Seth Pardo
	3. Create case-conference team to review all clients recommended for discharge.	Edwin Batongbacal, Sidney Lam, Susan Esposito, Kelly Hiramoto
	4. Create a centralized referral database with all clients deemed appropriate for the ICM level of care that contains referral dates and other data appropriate for tracking progress of referrals.	Edwin Batongbacal, Kelly Hiramoto, Seth Pardo

GOAL IV.c. Improve clinical supervision.

Objective	Actions	Responsible Staff
1. By June 30, 2019, train 60 Clinical Supervisors across CYF and A/OA SOC, including contract providers, in the Clinical Supervision Model.	1. Launch second phase of 10 month training academy in January 2019.	Jonathan Maddox Farahnaz Farahmand
	2. Complete evaluation surveys with participants and share results with the BHS Executive team.	Farahnaz Farahmand

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GOAL IV.d. Increase use of evidence-based practices.

Objective	Actions	Responsible Staff
1. By June 30, 2019, 100% of DMC-ODS outpatient providers will complete an ASAM assessment for each client admission.	1. BHS Compliance will administer an annual chart audit for each DMC-ODS provider and continue to provide technical assistance to new and existing DMC-ODS programs.	Chona Peralta, Andre Pelote, Elissa Velez
	2. Create ASAM LOC report for monitoring provider compliance.	Jenya Kaufman, Mauricio Torres
2. By June 30, 2019, implement Motivational Interviewing (MI) across DMC-ODS waived programs.	1. Provide 2 full day Motivational Interviewing (MI) trainings to DMC-ODS providers.	Michael Barack
	2. Enroll at least 2 DMC-ODS clinic teams in extended Motivational Interviewing (MI) 6-month cohorts.	Michael Barack

V. ASSESS PERFORMANCE AND IDENTIFY AREAS FOR IMPROVEMENT

DHCS instruction: BHS shall adopt or establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement. Providers, consumers, and family members shall evaluate the analyzed data to identify barriers to improvement that are related to clinical practice and/or administrative aspects of the delivery system.

GOAL V.a. Use quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

Objective	Actions	Responsible Staff
1. By June 30, 2019, clients will improve on at least 30% of their actionable items on the Adult Needs and Strengths Assessment (ANSA).	1. Develop and disseminate quarterly reports tracking program and client-level outcomes.	Tom Bleecker
	2. Continue to work with Adult and Older Adult System of Care leadership and IT to amend the formatting of the ANSA to re-embed it with the Assessment.	Tom Bleecker
2. By June 30, 2019, clients will improve on at least 50% of their actionable items on the Child and Adolescent Needs and Strengths Assessment (CANS).	1. Develop and disseminate quarterly reports tracking program and client-level outcomes.	Harold Baize
	2. Work with Children, Youth, and Family System of Care and IT to implement the full version of CANS by October 1, 2018.	Ritchie Rubio, Farah Farahmand
3. By June 30, 2019, at least 60% of clients will maintain abstinence or show a reduction of Alcohol and Other Drug use.	1. Monitor CalOMS data quarterly to identify areas for improvement.	Judith Martin, Sherry Lam

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4. By June 30, 2019, ensure timely submission of ASAM Level of Care (LOC) Recommendation Forms.	1. Monitor ASAM LOC Reports to ensure 100 percent of SUD Level of Care submissions are final and not in draft format.	Judith Martin
	2. Create ASAM LOC by Program report for providers to run independently for internal quality assurance monitoring.	Jenya Kaufman, Mauricio Torres

GOAL V.b. Improve Clinical Documentation

Objective	Actions	Responsible Staff
1. By June 30, 2019, maintain a clinic-level structured quality assurance process to proactively identify documentation problems.	1. Provide feedback and guidance to contractors to finalize and implement their Chart Monitoring/QA Plan.	Joe Turner
	2. Maintain three-tiered structured chart review for Civil Service clinics.	Edwin Batongbacal, Max Rocha
2. By June 30, 2019, ensure Drug Medi-Cal programs have the appropriate documentation training and are appropriately billing Drug-Medi-Cal.	1. BHS Compliance will administer an annual chart audit for each DMC-ODS provider and continue to provide technical assistance to new and existing DMC-ODS programs.	Chona Peralta, Andre Pelote

VI. CONTINUITY AND COORDINATION OF CARE

DHCS Instruction: Monitor continuity and coordination of care with physical health care providers and other human services agencies. BHS shall work to ensure that services are coordinated with physical health care and other agencies used by its beneficiaries.

- a. When appropriate, BHS shall exchange information in an effective and timely manner with other agencies used by its beneficiaries.
- b. BHS shall monitor the effectiveness of its MOU with Physical Health Care Plans.

GOAL VI.a. Ensure that beneficiaries have access to integrated primary and behavioral health care.

Objective	Actions	Responsible Staff
1. By June 30, 2019, improve client care coordination and clinic leadership communication across all Behavioral Health Homes (BHH).	1. Develop community briefs for each BHH clinic to share demographic information about the clients the clinic serves (e.g., numbers served, services offered, and impacts on client health outcomes).	Aimee Crisostomo
	2. Establish a clear process for accessing health outcomes data for the BHH clinics through the primary care network's data systems.	Aimee Crisostomo

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2. By June 30, 2019, decrease Psychiatric Emergency Services (PES) episodes for identified high priority BHS clients appearing on citywide Public Safety List developed by local law enforcement agencies.	1. Form High Priority Case Review multi-disciplinary team, including representatives from BHS, Homeless and Supportive Housing, Aging and Adult Services, Sobering Center, Dore Urgent Care, Jail Health, Whole Person Care, and Transitions to meet twice a month to improve care coordination.	Jazmin Barrera
3. By June 30, 2019, 100% of Residential Step Down (RSD) clients will be linked to SUD outpatient (OP) treatment at HealthRIGHT 360.	1. Monitor RSD linkages to outpatient services.	Tom Mesa
	2. Develop protocols to support, monitor, and ensure clients stay engaged in outpatient.	Judith Martin
	3. Coordinate weekly meetings with HealthRIGHT 360 to pilot RSD guidelines and trouble shoot RSD rollout.	Judith Martin

VII. MONITOR PROVIDER APPEALS

DHCS Instruction: Monitor provider appeals.

GOAL VII. Appeals from Private Provider Network clinicians will be tracked and evaluated at least annually.

Objective	Actions	Responsible Staff
1. By June 2019, a report of the number and type of Private Provider Network provider appeals will be evaluated for trends.	1. Gather all appeals from PPN clinicians and create trend report, sorted by provider and reason for appeal. Present results to SOC-QIC for action if necessary.	Gloria Frederico

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APPROVAL OF BHS 2018-2019 QUALITY IMPROVEMENT WORK PLAN	
<p>The attached San Francisco Behavioral Health Services 2018-2019 Quality Improvement Plan has been reviewed and approved by the following undersigned, including the governing body responsible for the operations of San Francisco Behavioral Health Services.</p>	
<input type="checkbox"/> Plan submitted to California Department of Health Care Services, Alejandro Martinez, DHCS Liaison	Date
<input type="checkbox"/> Kavoos Ghane Bassiri, LMFT, LPCC, CGP Director of Behavioral Health Services	Sig. _____ Date
<input type="checkbox"/> Maximilian Rocha, LCSW Acting Director of BHS Child, Youth and Family System of Care	Sig. _____ Date
<input type="checkbox"/> Edwin Batongbacal, LCSW Director of BHS Adult and Older-Adult System of Care	Sig. _____ Date
<input type="checkbox"/> Deborah Sherwood, Ph.D. Director of BHS Quality Management	Sig. _____ Date